PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/531,996			ing Date 20/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR				IMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE	_	N/A	LD NO	N/A	ı	N/A	TEE (a)	١	N/A	TEE (0)
\vdash	(37 CFR 1.16(a), (b), SEARCH FEE	or (c))				ı				L	
Ë	(37 CFR 1.16(k), (i), (i)		N/A		N/A	l	N/A		ı	N/A	
TO	(37 CFR 1.16(o), (p),		N/A		N/A		N/A		ı	N/A	
(37	CFR 1.16(i))		minus 20 = *			ı	x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *				x \$ =			x \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE sheet is \$2: addit	If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							TOTAL				
* If the difference in column 1 is less than zero, enter "0" in column 2.									ı	TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	03/10/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	* 35	Minus	+ 35	= 0		X \$26 =	0	OR	x s =	
z	Independent (37 CFR 1.16(h))	• 2	Minus	···3	= 0	l	X \$110 =	0	OR	x s =	
Ž	Application Size Fee (37 CFR 1.16(s))										
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	**	=		x \$ =		OR	x s =	
M	Independent (37 CFR 1,16(h))		Minus	***	:		x \$ =		OR	x s =	
Z I	Application Size Fee (37 CFR 1.16(s))										
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
ADD'L OR ADD'L FEE FEE											
"If the entry in column 1 is less than the entry in column 2, write 0" in column 3. **Legal Instrument Examiner: **If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "20". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3". **If the "Highe											

This collection of information is required by 37 CFR. 1.16. The information is required to obtain or retain a benefit by the public with in is to life (and by the USFTO to process) an application. Confidentiality is ownered by 80 USs. C. 122 and 37 CFR. 1.4. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.